

FEC FORM 3L**REPORT OF CONTRIBUTIONS BUNDLED BY SECRETARY OF THE SENATE
LOBBYISTS/REGISTRANTS AND LOBBYIST/REGISTRANT PAC's**

1. NAME OF COMMITTEE (in full) **USE FEC MAILING OR TYPE OR PRINT** Example: if typing, type over the lines. **12FE4M5**

Kirkpatrick for Senate

ADDRESS (number and street) PO Box 34421

☐ Check if different
than previously
reported (ACC)

Phoenix

CITY

AZ

STATE

85067

ZIP CODE

2. FEC IDENTIFICATION NUMBER

C00578484

3. IS THIS REPORT ☐ NEW (N) OR ☒ AMENDED (A)

4. STATE DISTRICT

AZ

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For Candidates Only

5. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15

Quarterly Report (Q1)

☐ July 15Quarterly Report (Q2)
and/or Semi-annual Report☒ October 15

Quarterly Report (Q3)

☐ January 31Year End Report (YE)
and/or Semi-annual Report

☐ July 31 Mid-Year Report
(Non-election Year -
Party/PAC) (MY) and/or
Semi-annual Report

(b) Monthly Report Due On: ☐ Feb 20 (M2) ☐ May 20 (M5) ☐ Aug 20 (M8) ☐ Nov 20 (M11)
(Non-Election Year only)
☐ Mar 20 (M3) ☐ Jun 20 (M6) ☐ Sep 20 (M9) ☐ Dec 20 (M12)
(Non-Election Year only)
☐ Apr 20 (M4) ☐ Jul 20 (M7) and/or Semi-annual Report ☐ Oct 20 (M10) ☐ Jan 31 (YE) and/or Semi-annual Report

(c) 12-Day PRE-Election Report for the: ☐ Primary (12P) ☐ General (12G) ☐ Runoff (12R)
☐ Special (12S) ☐ Convention (12C)

This report also covers
the semi-annual period

Election on in the State of

☐
See Line 6(b)

(d) 30-Day POST-Election Report for the: ☐ General (30G) ☐ Runoff (30R) ☐ Special (30S)

This report also covers
the semi-annual period

Election on in the State of

☐
See Line 6(b)

6. Covered Period(s) (a) Quarterly/Monthly/Pre-/Post-Election Covered Period (b) Semi-Annual Covered Period
This report covers 08 11 2016 through 09 30 2016 and/or ☐ January 1 - June 30
☐ July 1 - December 31

7. Total Reportable Bundled Contributions by Lobbyists/Registrants or Lobbyist/Registrant PACs (a) Quarterly/Monthly/Pre-/Post-Election Covered Period (b) Semi-Annual Covered Period
 52493.77

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Mele, Steve, A.

Signature of Treasurer Mele, Steve, A.

10 7 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office Use Only							
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